and observant without a trace of the former high-pitched, restless demeanor and hysterical laughter. She is in fact a critical stoic with a keen interest in all around her and a good memory. Also she has an enormous appetite and is rapidly gaining flesh. (Her weight after the last operation was 51 pounds.) Moreover, when she happens to awaken in the night she is always good-tempered and exhibits none of the unreasoning fretfulness and hebetude of former times.

The photographs of the suboccipital incisions (Fig. 4) were taken on December 29th. On December 31st the sub-temporal region presented a slight but decided hernia with good pulsation and soft and easily compressible. The suboccipital edema was less on this day. The patient writes well and has been drawing figures of people and houses with an artistic skill above the average of her age. Also she has cut out figures from a magazine with scissors, following wisps of hair and the like with such accuracy as to furnish the best proof of a perfect co-ordination.

January 5th, 1919. She slept uninterruptedly last night from 8 p. m. till 8 a. m. These long nights are now the rule, evidently a determination on the part of nature to make amends for the previous two years in which she did not have a single good night free from fits. The subtemporal hernia was a little more obvious this day but soft and compressible. Also there was still considerable edema of the cheeks that looked like fat as the eyelids were but slightly involved. She still had a temperature of about 99.4 in the evenings, which can be attributed to the absorption of the meningitic fluid of the base. No vertigo when walking, as occurred three days ago. Weight, 58 pounds.

From this time on the progress has been uneventful, and she is by far the brightest child of her age that I have ever known.

July 1st, 1919. Weight, 67½ pounds. Condition still perfect and she can endure long trips into the mountains without the former rise of evening temperature. The scalp is freely movable over the gold tube which has given no trouble whatever.

Epilepsy might be designated a "famine-riot of the cortical cells," and it is my belief that the foregoing case was caused by a septic thrombus in the tonsilar branch of the ascending pharyngeal artery being dislodged into the posterior meningeal branch of the same artery.

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QUESTION OF IMPROVING BUSINESS METHODS AND INCREASE OF FEES.*

By P. A. JORDAN, M. D., San Jose, Cal.

Physicians as a class are untrained in business, and the physician's professional work is usually carried on in an unbusiness-like manner. His business methods may be improved by following the succeeding suggestions.

The arrangement of the physician's office is often not of the best. A pleasing color scheme should be followed out throughout his office rooms. The reception room should correspond as nearly as possible to a pleasant parlor. It should be airy and light; it should be freed from the antiquated pictures calling forth medical or surgical ideas. The dear old bewhiskered doctor looking sadly at the dying child should be removed and replaced with something more cheerful; the picture of the physican racing with the stork, and the picture of the dead body being dissected should likewise be removed and replaced with some cheerful scene or painting. The furniture should be comfortable, and as luxurious as the situation will allow. One patient told me recently that she would not return to Dr. Blank's office any more because his furniture was so old, so badly arranged, and his rooms so untidy that she feared his knowledge and treatments would partake of the same character.

Having secured a good plant with which to carry on his busisess, it remains for the physician to sell his services to his patrons as truly as does the clerk in the department store. A well-trained secretary should greet each patient promptly and pleasantly. The patient should then be skillfully examined, leading to a thorough diagnosis. Then the physician should speak to the patient plainly and convincingly, explaining his ailment, offering the required treatment or surgery, in tones and terms reassuring to the patient. At this point the patient will ask: "Doctor, what is this going to cost?"—and here the average physician makes his great point of failure by pushing aside this question until another time. The patient now somewhat appreciates the seriousness of his ailment and would like to know whether or not he is going to be able financially to meet the situation. The successful doctor at this juncture will answer, "I don't know, Mr. Blank, what this is going to cost, but we will sit down and talk it over." Patient and doctor, or better, a wide-awake secretary are then seated in a private

* Read before San Francisco County Medical Society, September, 1919.

room. The doctor then will state: "This operation and the corresponding treatment ordinarily costs so much. Whether you should pay this amount, or more, or less, we will now determine." The patient will then be asked about his running expenses; the amount of rent he pays, or whether or not he owns his home; the number of people dependent upon him; his sources of income, wages, or income from properties. If the patient is truly honest, as the doctor is, and will answer these questions fairly, the honest doctor will then place the price of the work to be performed entirely within the range of the patient's ability to pay. As most of our patients are laboring people with mediocre incomes, our fees are usually arranged accordingly, and seldom, if ever, can we charge above the ordinary fee schedule. In case of wealthy patients where responsibility rests far heavier upon the physician, the fee should be raised in proportion.

I think one of the most important points in the business life of the physician, and the one which is most often neglected, is a heart to heart talk with the patient at the time of his first visit. It is my custom to have a thorough business understanding with each patient at the end of the very first office visit. This can only be neglected or overlooked in emergency cases, and, as specialists, we have but few of these, as most of our operations and treatments are elective with the patient. Having received the patient promptly and pleasantly; having examined him carefully, and having talked to him convincingly about his needs, I then ask him if he wishes me to continue treatment, and tell him that I expect him to pay for the first visit and that succeeding visits or surgical procedure will cost him a given amount, and cash should accompany the work.

This heart to heart talk is good for patient and physician. It gives the patient an immediate understanding of the doctor's knowledge of his case and of his wishes as to the mode of conducting same. The patient knows the amount for which he is to be obligated, and can plan accordingly, instead of breathlessly going on into the work, wondering and fearing what sort of a bill is going to be rendered some time in the future. Furthermore, the patient immediately becomes the doctor's friend, because he is willing to abide by the doctor's wishes, or he immediately decides not to go any further and plainly says so, thus departing in a friendly manner. In the ordinary routine he would receive the treatments, the operation and after-care, and when he later received his bill,—not having planned on its payment,—he reluctantly pays a portion of it, drags out the balance into months of smaller payments, and feels all the time that he is paying for a dead horse. By following the business methods here suggested malpractice suits are eliminated; also the professional dead-beat is eliminated at the first visit. The physician is thus saved a great amount of work to be unpaid for, which time he can give to study or recreation. Numerous bad bills are thus not contracted, and the physician is freed from worry, time and stamps that these entail. Furthermore, it is best in cases of surgical operations to collect the full fees for same in advance. This has been my custom for a term of years, and I find it entirely plausible and best. It is nearly always possible to do this. I explain to them that they pay their landlord his rent in advance; gas, electricity and water they pay for monthly, and on failure to do so these supplies are cut off. Groceries, milk and meat must be paid for every thirty days; the tailor, hatter and shoeman send their goods C. O. D.; street car fare is paid as one enters; the railroad and Pullman Company are paid before we even approach the train; the hospital is paid a week in advance; drugs and optical goods are all cash. In the ordinary routine of life the doctor bill is paid after all other bills have been paid,—some time in the convenient future. The patient usually gets the point, and says, "Very well, Doctor, your services are as valuable to me as those of any of the commodities named. Your expenses are high; you are expected to pay cash for everything you get; you cannot run your business without cash. I have not enough money on hand, Doctor, to pay this bill, and will have to borrow; but if I must owe somebody for this work it is only fair that I owe a bank, and not owe you."

I also find that patients are pleased to pay for their visits daily as they come. They prefer to do this after an explanation of this business method. They are then not obligated to me after leaving; their doctor bill is paid, and no large amount stands against them to worry.

Another class of patients is often met with and should be educated: An operation is to cost $100; the fee is to be paid in advance. The patient, not having understood the situation, says, "Doctor, I will pay you $50 after the operation is performed, and $50 more in six weeks." He is really saying in his heart, "I will have the doctor perform this operation, but I will not pay him in full until I decide that the operation has been a success." To this patient I always answer, "If you wish me to perform this operation you must have implicit confidence in my work before we begin, or I will not undertake the work. If you have implicit confidence in me you will therefore be willing to pay before the operation, and you must not expect to be the judge of surgical success. Your doctor alone can judge the success of this work."

Answering the question of increasing our fees, I think we should use great discretion here, in these turbulent times. We should not raise our fees sufficiently to approach the point of profiteering. But more important than raising our fees, I think, is the collecting of the fees we are already charging. If the foregoing plan is followed out systematically by each physician the uncollected fees will all be collected,—which will increase the income of each physician anywhere from ten to fifty per cent. I have found it feasible to raise my fees in the last six months from ten to twenty per cent. in suitable cases. This, in view of the added cost of office help, cost of instruments, fixtures, drugs and optical goods. Where the pa-

tient's income has been increased in proportion to the high cost of living, I find it reasonable and entirely possible to charge slightly larger surgical fees; but to sum up, it matters little what our fees schedule shall say unless we conduct our medical work in a business-like manner. For generations our patients have been trained wrongly, and are still acting on training belonging to past ages. Most physicians die poor, leaving their widows and children only poverty and debt to show for a long life of hard work and excellent service given to others. If we will receive our patients promptly, examine them thoroughly, speak to them convincingly, and as surely collect from them what they owe us, we need not worry about the raising of our fee schedule.

A LOCAL STUDY OF TRACHOMA.*

By HUGO A. KIEFER, M. D., Los Angeles.

The steady increase of this disease in my personal practice during the past fifteen years has led to the questions (1) whence does most of it come, (2) what is the best method of treating it during its active stages, and (3) what measures are best adapted to controlling that which is among us, and of preventing the influx of more cases?

Trachoma has been called "The Egyptian Disease" because it was supposed to have originated in Egypt. A very interesting story was worked out as to how it was brought from Egypt by Napoleon's legions, how it spread all over Europe and Western Asia, and how from there it found its way to other parts of the civilized world, among those countries being our own America. But the investigations of recent years show that Trachoma is found among an extremely large proportion of our American Indians, and that it evidently existed among them endemically for ages. In fact it seems that our noble red men could safely lay claim to having served as host to this malady before the birth of the Pharaohs. In some localities of the United States, as for instance in certain isolated mountain communities of Kentucky, the disease became so rampant that it was necessary for the government to adopt measures to control its dread ravages. Are we in this section of the country in any danger of a similar epidemic?

While no race, color, age nor sex is immune, it is open to question whether one race is more susceptible to infection than another. It would seem, from a study made among different races, that environment is a far greater potentiality than race susceptibility. For instance, in the smitten districts of Kentucky most of the patients were of the white race, and natives. The Egyptians and colored races are both widely affected in Egypt. In Russia, while all classes are affected, it is probably more frequent among the Jews. In this section of our own State, while it is found among all nationalities, it is unquestionably more frequent among the Japanese and the Russian Jews. Why then, in a mixed community like ours, should we find more infected individuals among certain races than among others, if there is not a special racial susceptibility? The answer is environment,—methods of housing, feeding, and living in general. And just such a mixed community as this affords excellent opportunities for studying this problem.

While, as has been said, Trachoma is found in hosts of all social degrees, by far the greater number of cases are afforded by those in the lower walks of life, who are housed in close quarters with poor ventilation and little sunshine, whose houses are littered with filth and squalor, and whose bodies have to find subsistence on poorly prepared and innutritious food. Just such conditions as these afford the usual environment for a large proportion of the Japanese and Russians of this community, the two races which present the greatest number of Trachoma infected patients in Southern California. And again we find that the most of these patients are immigrants who sprung from poverty-smitten districts in their own land, where this disease flourishes. Many of these patients present Trachoma which evidences its existence in any particular patient as of a longer standing period than the period of his residence in this country, showing that many of them have slipped by the immigration inspectors without discovery.

Communications addressed to many of the ophthalmologists in Los Angeles, Santa Barbara, Riverside, Redlands, San Bernardino, and San Diego brought a very liberal response, and I am happy to be able to quote, in a general way, the opinions of the men who were kind enough to offer their assistance. These gentlemen are especially entitled to gratitude on the part of the writer of this paper for consenting to answer his questions when they had no accurate statistics at hand, and had to rely on their memory and judgment. The writer likewise did not have his material in such shape as to be able to quote exact figures, and consequently he felt some trepidation in offering any figures for such a subject as this.

First question:—Have you found Trachoma on the increase in Southern California during the past ten years? If so, how much more prevalent is it at present than it was ten years ago; that is, how many cases will you meet with now to every one that presented itself formerly?

Ten answers amounted to "No, no relative increase."

Another gave it as his opinion that he meets with five to ten cases now, where he had one formerly.

A report on conditions at the Sherman Institute shows that "there has been a decided lessening in the number of such cases coming to the school during the last year or two, which is probably due to the fact that the government is doing more or less intensive Trachoma work on the reservations and in the reservation schools." Here

* Read before the Forty-eighth Annual Meeting of the Medical Society of the State of California, Santa Barbara, April 1919.